



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 100044		2. Exact name of the Corporation Ray's Ultimate Hockey and Sports, Inc.					
3. Principal office address 51 Front Street, #337				City Cumberland		State RI	Zip 02864
4. Business Phone No. 401-475-9634				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Retail Sales of Hockey Equipment and Related Services							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Mayliko N. Carter				Vice-President Name Mayliko N. Carter			
Street Address 51 Front Street, #337				Street Address 51 Front Street, #337			
City Cumberland		State RI	Zip 02864	City Cumberland		State RI	Zip 02864
Secretary Name Mayliko N. Carter				Treasurer Name James R. Carter			
Street Address 51 Front Street, #337				Street Address 51 Front Street #337			
City Cumberland		State RI	Zip 02864	City Cumberland		State RI	Zip 02864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Mayliko N. Carter				Director Name			
Street Address 51 Front Street, #337				Street Address			
City Cumberland		State RI	Zip 02864	City		State	Zip
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.				NUMBER OF SHARES	CLASS/SERIES		PAR VALUE
				100	Common		No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 29 2012

By: MNC

28519

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/27/2012
 Signature of Authorized Representative Date

MAYLIKO N. CARTER
 Print or Type Name of Authorized Representative